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CONFIRMATION NO. 4899

| SERIAL NUMBER 10/715,730 | | FILING OR 371(c) DATE 11/18/2003 RULE | C | CLASS 604 | GROUP ART UI 3761 | | Γ UNIT | ATTORNEY DOCKET NO. CV0326 NP | |
|---|---|---|-----------|---------------------------|--|--------|-----------------------|-------------------------------------|----------------------------|
| ** CONTINUING I This appln o | DATA claim | nan, Mt. Laurel, NJ; A *********************************** | 5 11/27/2 | | | | | | |
| Foreign Priority claimed yes no 35 USC 119 (a-d) conditions yes no Met after met Allowance Verified and Acknowledged Examiner's Signature Initials | | | | STATE OR COUNTRY NJ | SHEETS DRAWING 0 | | TOTAL CLAIMS 20 | | INDEPENDENT CLAIMS 1 |
| ADDRESS 26079 TITLE OSTOMY POUCH EFFLUENT | H AD | HESIVES SUCH AS P | OLYSILO | DXANES THA | T ARE | RESIS1 | TANT TO | э ѕто | MAL |
| FILING FEE | FEES: Authority has been given in Paper No to charge/credit DEPOSIT ACCOUNT No for following: | | | | ☐ All Fees ☐ 1.16 Fees (Filing) ☐ 1.17 Fees (Processing Ext. of time) ☐ 1.18 Fees (Issue) ☐ Other ☐ Credit | | | | |

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